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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102356

1. Corporation Name

STEP SHOES, INC.

Pr	incipal	Place of	Busines

Mailing Address



00 190TH STREET UNNY ISLES FL 33160			300 190TH STREET SUNNY ISLES FL 33160			DO NOT WRITE IN THIS SPACE		
	1					Date Incorporated or Qualifed     12/09/1998		
2. Principal Place of Business		2a.	2a. Mailing Address			4. FEI Number Applied For		
<b>-</b>		26				65-0880540 Not Applicable	, ]	
Suite, Ap	ot. #, etc.	27	Suite, Apt. #, etc.		•	5. Certificate of Status Desired See Required		
City & St	tate	28	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country 25	29	Zip Coi	intry	1	8. This corporation owes the current year Intangible Personal Property Tax. Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DO:				81	Name	•		
ROTH, LEONARDO A 9350 SOUTH DIXIE HYW., PH 2			82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33156		83						
				84	City	FL 85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change Addition 1.1 TITLE TITLE MORYOUSSEF, MOSHE 1.2 NAME NAME **300 190TH STREET** 1.3 STREET ADDRESS STREET ADDRESS SUNNY ISLES FL 33160 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change πhe □ DELETÉ 2.1 TITLE DVS MORYOUSSEF, ZARI 2.2 NAME NAME 300 190TH STREET 2.3 STREET ADDRESS STREET ADDRES SUNNY ISLES FL 33160 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

CR2E034 (11/98)